

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10686764
APPLICANT(S) _____

FILED DATE _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		26				
11		2				
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16	1					
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TOTAL IND.	3					
TOTAL DEP.	20					
TOTAL	23					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
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